

PRACTICAL GUIDELINES FOR INFECTION CONTROL IN HEALTH CARE FACILITIES



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FOREWORD

The World Health Organization (WHO) has recognized severe acute respiratory syndrome (SARS) as the first severe and readily transmissible new disease to emerge in the 21st century. Despite rapid progress towards understanding the disease and the transmission of the SARS Co-V, there are still many gaps in our understanding of SARS. It was very clear during the SARS outbreak however, that this virus was easily spread through international air travel and close hospital contact. In fact health care facilities amplified the disease in all severely affected countries.

The experience in affected areas showed very clearly that the transmission of the SARS Co-V can generally be prevented. Because there is no known effective treatment and no available vaccine, health authorities had to resort to basic public health measures. Rapid case detection, immediate isolation, contact tracing and good infection control precautions are critical in the prevention of infection. However, as SARS spread, it became obvious that many countries lacked the necessary infrastructure, facilities, equipment and trained personnel to provide appropriate precautions. Health care facilities in both developed and developing countries were far from prepared to deal with such a disease. It is essential that all countries strengthen their regional and national surveillance and response systems and their infection control capacities, in particular hospital-based infection control departments.

In order to support countries to deal with SARS and to prevent further spread of infection, the WHO Regional Offices for South-East Asia and the Western Pacific have jointly prepared these guidelines. The guidelines address all aspects of an infection control programme and devote considerable attention to SARS. Since information on SARS is still evolving, these are interim guidelines. They may need to be updated as and when more specific information becomes available. WHO would greatly appreciate feedback from those who use these guidelines.

We hope that these guidelines will be found useful by health professionals at all levels who have to deal with SARS and other health-care-associated infections.

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